Harrison County Sheriff's Office Grievance Form

To: Grievance Offi	icer	Grievance Number		- 8
From: HARRISON, DEMOND			454393	BA 105
110111.	Inmate Name			Unit
Date Submitted:	July 16 2023		Date of Incident:	
This is a grievan	ce concerning:	March Const	no Delt	
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4/16/11	TER MCKENZIE	hands c	WISHUY 1 1500	20

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